



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME(Last)		(First)	(Middle)	TELEPHONE
Ogawa		Robert	T.	(808) 521-4265
MAILING ADDRESS (Street)				FAX
1188 Bishop Street, Suite 3105				(808) 545-8369
(City)	(State)	(Zip Code)		
Honolulu	HI	96813		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
MAILING ADDRESS (Street)				FAX
(City)	(State)	(Zip Code)		

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Schering-Plough External Affairs Inc			908-298-3635
MAILING ADDRESS (Street)			FAX
2000 Galloping Hill Rd Kenilworth, NJ			908-298-4750
(City)	(State)	(Zip Code)	
Kenilworth	NJ	07033	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Cynthia Suzuki			908-298-3635
MAILING ADDRESS (Street)			FAX
2000 Galloping Hill Rd K-5-1			908-298-3635
(City)	(State)	(Zip Code)	
Kenilworth	NJ	07033	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (Indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Robert J. Ogawa
(Signature of Lobbyist)

4-11-05
(Date)

PART V AUTHORIZATION TO LOBBY

NAME <i>Scott Sigman</i>		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
NAME OF ORGANIZATION (if applicable) <i>Schering-Plough External Affairs Inc.</i>		TELEPHONE <i>360-943-3446</i>	
MAILING ADDRESS (Street) <i>8846 Walter Court SW</i>		FAX <i>360-943-3446</i>	
(City) <i>Olympia</i>	(State) <i>WA</i>	(Zip Code) <i>98512</i>	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<i>Scott Sigman</i> (Signature of Authorizing Officer or Person Represented)		<i>3/30/05</i> (Date)	